



**DEPARTMENT OF RECREATION, PARKS  
AND CULTURAL ACTIVITIES**

1108 Jefferson Street  
Alexandria, Virginia 22314

James B. Spengler  
Director

Phone (703)746-4343  
Fax (703)838-6344

January 10, 2013

Cheerleading Coach,

The Alexandria Department of Recreation, Parks and Cultural Activities will host the Alexandria Spring Invitational for recreation level teams on Saturday, April 20 at T.C. Williams High School at 11:00 a.m. The school is located at 3330 King Street, Alexandria, VA. We would love for your team to compete and be a part of our competition. The entry fee for the competition is \$5.00 per cheerleader. Limited space is available and registration will only be confirmed with payment.

Teams will be able to compete in levels in each division. The competition will follow the safety and cheer level rules established by the U.S. All Star Federation. The rules accompany this letter and can be found at [www.usasf.net](http://www.usasf.net). The competition will feature three age divisions; Pee Wee (ages 8 & under), Youth (12 & under) and Junior (16 & under). Crossovers can be included for \$10.00 for each crossover. Each team will receive a team trophy at the awards presentation after the competition. The time limit for team performances is 2:30.

Cheerleaders will also have the opportunity to compete in the jump off /tumble off for \$5.00. The jump off/tumble off will take place in the auxiliary gym before the competition begins. Participants can register the day of the competition for this event.

If your team is interested in competing, please return the team registration form, roster form, waiver release forms and cashier's check or money order by March 15 to the following address: ATTN: Alexandria Invitational/Recreation Services Division, 1108 Jefferson Street, Alexandria, VA, 22314. The check or money order should be made payable to the City of Alexandria. Teams will receive a confirmation once we receive team registration information and payment.

Tickets will also be sold at the door for \$10.00 (ages 13 & older) and \$5.00 (ages 5 – 12). Children ages 4 and under will be admitted free of charge. For more information, contact the Sports Office at 703.746.5402 or email [tamika.coleman@alexandriava.gov](mailto:tamika.coleman@alexandriava.gov)

Sincerely,

*Tamika Coleman*

Tamika Coleman  
Recreation Manager – Youth Sports



Alexandria Department of Recreation, Parks and Cultural Activities  
Recreation Services Division  
1108 Jefferson Street  
Alexandria, VA 22314  
Office: 703.746.5402  
[www.alexandriava.gov/recreation](http://www.alexandriava.gov/recreation)



**REGISTRATION FORM  
ALEXANDRIA INVITATIONAL**

**Organization Information**

Organization Name

City/State

Daytime Phone

Evening Phone

Fax#

**Contact Person's Information**

Contact Person's Name

Mailing Address

City, State and Zip Code

Email Address

	Team Name How it should appear on schedule and program book	Division & Level	Total # of Cheerleaders
1			
2			
3			
4			
5			

**How to Register:**

Please complete this form to register up to 5 teams. Include one payment per program.

Mail registration to:

Alexandria Invitational/Recreation Services Division  
1108 Jefferson Street  
Alexandria, VA 22314

This registration agreement is an agreement between you, the team/organization registered above and the City of Alexandria, Recreation Department, which governs the terms and conditions which the City of Alexandria will conduct the event. As the responsible party for this registration and team/organization named above, I acknowledge that I have read the payment policies, weather related policy and cancellation policy governing events hosted by the City of Alexandria. Furthermore, I fully understand the financial responsibilities associated with this registration and accept liability for any and all debts incurred as a result of this registration.

Print Name

Signature

Date

**Payment Information**

Team

Cheerleaders \_\_\_\_\_ X \$5 = \_\_\_\_\_

Crossovers \_\_\_\_\_ X \$10 = \_\_\_\_\_

**Total Balance Due:** \_\_\_\_\_

**Payment Options: Please check one**

- ☐ Cashier's Check  
☐ Money Order

**Make check payable to: City of Alexandria.**

**All balances must be paid by March 15, 2013.**



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## MEDICAL AND PHOTOGRAPHY RELEASE FORM ALEXANDRIA INVITATIONAL

### PLEASE PRINT INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### MEDICAL INFORMATION

Please list participant's allergies to medication, current medications being taken, and any past or present medical conditions that could impair participant's performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting various programs and allowing \_\_\_\_\_ to participate, the undersigned, realizing the risk of injury attendant to such programs, does/do hereby release and forever discharge the City of Alexandria, its officers, agents and employees including but not limited to the Department of Recreation and its supervisors, from any and all actions, causes of action, claims and demands for, upon or by reason of any injury which hereafter at any time may be sustained by participation in such programs. The participant has had a physical exam within the last 12 months and is physically capable of competing in the sport of cheerleading. I also give the Recreation Department permission to verify the participant's birth date at his/her school. Per the City of Alexandria policies, registration information of each participant is provided to the Alexandria Department of Recreation, Parks and Cultural Activities (ADRPCA) for recreation programs only.

I do hereby grant permission to photograph or video tape my child or me for all future advertisements, website, marketing literature, or promotional videos for the City of Alexandria, Recreation Department.

By signing below, I have read and agree to the above medical and photography release.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**TEAM ROSTER**  
**ALEXANDRIA INVITATIONAL**

**Organization Information**

Organization Name

Team Name

Division

Level

Coach #1

Coach #2

	Participant's Name	Date of Birth	Age	Gender (M/F)
1				
2				
3				
4				
5				
6				
7				
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